



Electronic Enrollment Authorization Form

Purpose: This form authorizes the Administrator of an Account to use the BCBSRI Electronic Enrollment Tool for conducting enrollment on the Account’s behalf. To authorize the Administrator to conduct enrollment for your Account, please **complete, sign, and date** the appropriate sections below.

Account Name: _____

Account Number*: _____
(9 digits – e.g., 000001234)

To be completed by a Company Officer (on behalf of the Account):

As the authorized representative of the above Account, I hereby authorize the Administrator listed herein to receive an Administrator user ID and PIN number for the BCBSRI Electronic Enrollment tool. I understand that this user ID will grant the Administrator and its Designees of this Account the authority to process and approve any online applications and other membership changes on behalf of all groups and sub groups associated with the Account. I further understand that any transaction the Administrator or its Designees conducts shall be treated as if the Account had made such transaction. Finally, I hereby agree to notify BCBSRI in the event that the Administrator should no longer have such administrative access to the BCBSRI Electronic Enrollment Tool.

By signing this Authorization, the Account grants the Administrator named herein access to all enrollment information, including Social Security numbers, for the Account’s members.

Signature:	Date:
Name (please print):	Email Address:
Title:	

To be completed by the Administrator: As the Administrator for the Account listed above, I hereby acknowledge that my use of the Administrator user ID and password will be treated as if the Account(s) itself had made such transaction. I agree to keep confidential all user IDs and passwords assigned to me. I further agree to abide by the Electronic Enrollment Tool Terms and Conditions.

Signature:	Phone Number:
Name (please print):	Email Address:
Date:	

Electronic Enrollment Tool Terms and Conditions

The following Terms and Conditions govern use of the Electronic Enrollment Tool and must be followed by Administrators and Designees.

1. Administrator promises to limit access to the Electronic Enrollment Tool to only those individuals who have read and accept these Terms and Conditions (“Designees”).
2. Administrator and Designees understand and acknowledge that information disclosed through the Electronic Enrollment Tool contains individually identifiable health information and, if the Account is self-funded, Protected Health Information (“PHI”), (collectively referred to as “Confidential Information”)
3. Administrator promises to implement appropriate safeguards as are necessary to prevent the disclosure of Confidential Information received through the Electronic Enrollment Tool to third parties other than BCBSRI.
4. Administrator and Designee may share Confidential Information received through the Electronic Enrollment Tool with Account’s individual plan members who request information about himself/herself and his/her minor child.
5. Any information printed from the Electronic Enrollment Tool must be stored in a secure location, and paper documentation must be properly shredded before disposal to prevent further access.
6. Administrator shall report to BCBSRI in writing any intentional or unintentional use or disclosure of Confidential Information.
7. User identifications and passwords provided for access to the Electronic Enrollment Tool are unique to each Administrator and Designee and may not be shared or transferred to another individual.
8. Administrator promises to remove access to any Designee who no longer requires access to the Electronic Enrollment Tool, for any reason.
9. A breach by Administrator or any Designee of any of these Terms and Conditions, as determined by BCBSRI, will provide grounds for immediate termination of access to the Electronic Enrollment Tool for the Administrator and/or Designee.
10. BCBSRI reserves the right to change these Terms and Conditions with respect to the Electronic Enrollment Tool at any time.



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